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| **CITY OF JERSEY VILLAGE, TEXAS**  16501 Jersey Drive, Jersey Village, TX 77040  713-466-2109 (office) 713-466-2177 (fax) |

 **Outside Service Agency Funding Application**

**Contact Information**

|  |  |
| --- | --- |
| Agency: | |
| Contact Person: | Position: |
| Email: | Phone: |
| Agency Mailing Address: | |
| Agency Tax Identification Number: | |

**Summary Funding Request**

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| --- | --- |
| Program Name/Description |  |
| Grant Amount Requested |  |
| Other Sources of Funds |  |
| Total Program Expense |  |

**Itemized Expenditures**

Please indicated itemized expenditures by categories for the grant money. (Use more pages if necessary)

|  |  |
| --- | --- |
| Item (ie. Personnel, Equipment, Supplies, Travel, etc.) | Amount |
|  |  |
|  |  |
|  |  |
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**On separate pages please describe your program, the public purpose, and the community impact. Please limit your response to 1,000 words or less.**

**Please submit this application and the required attachments and return to the City Manager via email at ableess@jereseyvillagetx.com or at 16327 Lakeview Dr, Jersey Village, TX 77040.**

I certify that all information reported in this application and attached is true accurate and complete to the best of my belief and knowledge. I certify that I am authorized to make application on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) and have been designated as such by the Board of Directors. I will provide written notice of any changes or additions to this information. I understand the agency may need to provide additional information during the application process and if funded I understand a written agreement will be required between the agency and City upon award of funds.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_